Effective on 12/08/2004. Effective on 12/08/2004. Fect Dursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).	Complete If Known			
	Application Number	09/508,869		
OFER TRANSMITTAL	Filing Date	September 13, 2000		
for FY 2006	First Named Inventor	Thomas Anthony Stahl, et al.		
FEB 2 7 2006 W	Examiner Name	Hai V. Tran		
Application claims small entity status. See 37 CFR 1.27	Art Unit	2611		
TOTAL AMOUNT OF PAYMENT (\$) \$300	Attorney Docket No.	RCA 88761		

TO THE AMOUNT	7 FATMEN	1 (4) 4500		Attorney Docker Ive	3, 1			
METHOD OF PAYMENT	(check all that a	oply)						
Check Credit card Money Order Other (please identity): Customer Number 24498								
Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING INC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below								
fee(s) under			aerpayments	o ⊠ Credit an	y overpayments	s ¹		
WARNING: Information	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION								
1. BASIC FILING, SI								
	FILING I	Small Entity	SEA	RCH FEES Small Entity		TION FEES <u>Small E</u>	ntity	
Application Type	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	· O	0	.	0		
2. EXCESS CLAIM I	FEES		•	•		Small I	Entity	
Fee Description					<u>Fe</u>	e (\$)	Fee (\$)	
Each claim over 20 (inc	luding Reissues	s)			50		25	
Each independent claim	over 3 (includi	ng Reissues)			200		100	
Multiple dependent clair			- (a)	F D - ! -! (A)	360		180	
Total Claims		xtra Claims	<u>Fee (\$)</u>	Fee Paid (\$)	· · · · · · · · · · · · · · · · · · ·	Itiple Depend		
- 20 or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.								
Independent Claim	<u> </u>	xtra Claims	Fee (\$)	Fee Paid (\$)			•	
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SI	ZE FEE						•	
		exceed 100 shee	ets of paper (ex	cluding electronical	ly filed sequence	or computer		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Petition for One-Month Extension of Time (\$120) and Supplemental IDS (\$180) \$300.00								
SUBMITTED BY								
Name (Print/Type)	PAUL P. KIEL		Registration No. (Attorney/Agent)	40,677	Telepho	ne (609) 7:	34-6815	
Signatura	120	D1. 1			Date	2/	12/11	

SUBMITTED BY	•				
Name (Print/Type)	PAUL P. KIEL	Registration No. (Attorney/Agent)	40,677	Telephone	(609) 734-6815
Signature	GOPM	0		Date	2/23/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the Crist Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.